

Board of Health, City of Baltimore.

Permit No.

441

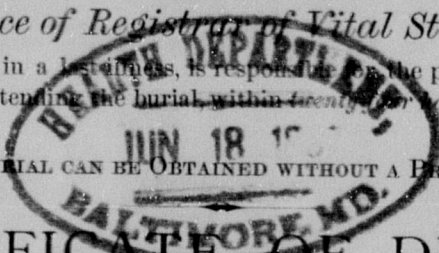
Office of Registrar of Vital Statistics.

Ward

8<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

June 18<sup>th</sup> 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Katie Casserly

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

5

Years,

7

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or country, and how long in the United States, if of foreign birth. }

Balto. Md

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give street and number. }

905 Clifton Place

Cause of death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Diphtheria

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's

Date of Burial,

June 19<sup>th</sup> 1887

Undertaker,

W. C. Cogan

Place of Business,

221 N. ...

Geo. Brooke Bayles, M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is respectfully invited to the following section and to the fact that the completion of this Certificate is required for the issuance of a Permit for Burial.

# Health Department, City of Baltimore.

Permit No.

*A 442* Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *June 17<sup>th</sup> 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John A. Roman*

Sex, *Male* or ~~Female~~, { Cross out the word not required in this line. }

Age, *68* Years, *9* Months,  Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Sailor*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *Forty years*

Place of Death, { Give Street and Number. } *1919 East Baltimore St*

Cause of Death, { First (Primary), Second (Immediate), } *Consumption*

Duration of Last Sickness, *Two years*

All the above information should be furnished by the Physician.

Place of Burial, *S. Allomson St*

Date of Burial, *July 20*

Undertaker, *W. Dippel* *Nicholas L. Dathirell M. D.*

Medical Attendant.

Place of Business, *151 S. Bond* Address, *700 S. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. **A 443**

Office of Registrar of Vital Statistics.

Ward **14**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *generally filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH



Date of Death, **June 18/87**

Full Name of Deceased, **John Fealy** { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, **78** Years, **10** Months, **14** Days.

Color, **White**

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, **Laborman**

Birth Place, **Ireland** { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, **14** Years.

Place of Death, **126 S. Schroeder St.** { Give Street and Number. }

Cause of Death, **Cancer of Stomach** { First (Primary), Second (Immediate). }

Duration of Last Sickness, **Six (6) Months**

All the above information should be furnished by the Physician.

Place of Burial, **Bowie Burying Ground**

Date of Burial, **June 19<sup>th</sup>**

Undertaker, **J. J. Cowan**

Place of Business, **201 N. Howard St.** Address, **1037 Lombard St.**

**A. L. Specie** M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it farther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Permit No. A 447 *Office of Registrar of Vital Statistics.* Ward 19<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH

Date of Death, June 18<sup>th</sup> 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Harman

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 79 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ ~~or~~ ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } No 1603 Harlem Ave.

Cause of Death, { First (Primary), Second (Immediate), } Ramollissement Cerveau.

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 20

{ Undertaker, J B Cook } B. S. Titcomb, M. D.  
Medical Attendant.

{ Place of Business, 1003 W Baltimore St } Address, 836 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks *at* and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. *A 445* Office of Registrar of Vital Statistics.

Ward *19*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *17 June 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Henry Weber*

Sex, Male or Female, { Cross out the word not required in this line. } *female male*

Age, *83* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *widower*

Occupation, *Tailor*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Farmington / Hesperia, Minnesota*

Duration of Residence in the City of Baltimore, *50 years*

Place of Death, { Give Street and Number. } *German home of the aged*

Cause of Death, { First (Primary), Second (Immediate), } *Cholera morbus*  
*Weakness*

Duration of Last Sickness, *2 days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *June 19*

{ Undertaker, *J.B. Cook* } *L.F. Brinkhard* M. D.

{ Place of Business, *1003 W. Baltimore* Address, *720 N. Howard Street*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

446

Office of Registrar of Vital Statistics.

Ward

13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

June 18<sup>th</sup> '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Bertha Schroeder

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, / Years,

3

Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany - 3 weeks

Duration of Residence in the City of Baltimore,

3 weeks

Place of Death, { Give Street and Number. }

University Hospital  
Enterocolitis

Cause of Death, { First (Primary), Second (Immediate), }

Exhaustion

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial,

Mt. Carmel

Date of Burial,

June 19<sup>th</sup> 1887

{ Undertaker,

A. Sander & Son

C. K. Mitchell

M. D.

Medical Attendant.

{ Place of Business,

1710 Canton St.

Address,

University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. **A 447** Office of Registrar of Vital Statistics.

Ward **28<sup>th</sup>**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, **June 17<sup>th</sup> 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Adeline Brown.**

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, **5** Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, **Black.**

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **King & Queen Co. Va.**

Duration of Residence in the City of Baltimore, **one month**

Place of Death, { Give Street and Number. } **88 Parrish al Court**

Cause of Death, { First (Primary), Second (Immediate), } **Intestinal Irritation probably from worms. Spasms**

Duration of Last Sickness, **3 mos.**

All the above information should be furnished by the Physician.

Place of Burial, **Shamp St Cemetery**

Date of Burial, **June 19 1887**

**Frank J. Filmer** M. D. Medical Attendant.

**William L. Duggee**

**150 East St**

**Coroner**

Address, **1701 Dr. Hill Ave**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 448 Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 18<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Kueschling

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, 26 Years, 9 Months,    Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Taylor

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } Con Fairmount av & Spring & Bright Corners

Cause of Death, { First (Primary), Second (Immediate), } Paralysis of Heart

Duration of Last Sickness, Eight (8) months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 20<sup>th</sup>

Undertaker, H. Hoffmann

Place of Business, 211 N. Eden

E Hall Rutledge M. D.  
Medical Attendant.  
Gordon  
Address 403 N. Woodling

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 449 Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Annie Beck

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 15 Years, 14 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1223 E. Street

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, June 20th '88

Undertaker, A. Rosenberger

Place of Business, 61 Park Ave Address,

Edmund A. Davis M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 450

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 18 1887

Full Name of Deceased, Edward L. Wickham  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, 7 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation, City

Birth Place, B. City  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, 1209 William St  
{ Give Street and Number. }

Cause of Death, Cholera Infantum  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Trapp Road

Date of Burial, June 20 1887

Undertaker, B. Harle

Place of Business, 115 West St. Address, 915 Lytle

R. H. Allen M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]